Public Health Preparedness and Response Capacity Local Inventory: Additional Guidance

Richard Sun, California Department of Health Services, 2002/09/06. URL: http://www.dhs.ca.gov/epo.

Communications from local health departments (LHDs) to the California Department of Health Services (DHS) suggest that clarifications are needed concerning how to fill out the Public Health Preparedness and Response Capacity Local Inventory as modified for California use (found off a link at http://www.dhs.ca.gov/epo). The purpose of this document is to give guidance on responding to certain questions on the inventory. For each section in this document, the header indicates the page number(s) affected, the general topic, and (in parentheses) the date that the item was added to the document.

General: Are Answers of "Partially In Place" Allowed? (2002/09/05)

Since the purpose of the inventory is "for self-assessment to track progress on activities," CDC asks that you please check "no" if an item is "not completely in place." For your own benefit, you might wish to notate in some specific way how an item checked "no" needs improvement. For example, for question #1 ("Which activities are part of the agency"s strategic planning process?") you might write in the margin or in a separate document something like: "prioritize problems and gaps - community health planning" was checked "no" because our strategic planning process hasn"t prioritized that well recently, and it would be important to ask the Public Health Foundation for its ideas (see http://www.phf.org/techasst.htm)."

Page 14: How Do I Fill Out the Table for Question #27? (2002/09/05)

Here is an example of how to fill out the table. Let's say that your agency employs eight people who could be classified as "biostatisticians" or "data managers." Of these, five can be called upon for 24/7 prolonged emergency response duty. Let's also say that your agency has established relationships with other agencies in your jurisdiction (such as the Department of Parks) such that two people in these other agencies can be called upon for 24/7 prolonged emergency response duty as "biostatisticians" or "data managers." But the Department of Parks has refused to lend these people to your agency for routine duties when an emergency is not occurring. Then your table would look like this:

	Employed		Not employed, but agency has access to		
Type of personnel	Routine duty only	Routine and 24/7 emergency duty	Routine duty only	24/7 emergency duty only	Routine and 24/7 emergency duty
Biostatisticians / <i>Data</i>	3	5		7	
Managers	<u> </u>	<u> </u>	9)

Note that the numbers in the "Not employed, but agency has access to" columns should <u>exclude</u> state employees (source: Dr. Sandra Huang, 2002/09/03). DHS already knows the number of state employees who would be available for assisting your agency.

Page 14: How Can I Recognize Public Health Nurses and Other Types of Workers Excluded from the Table for Question #27? (2002/09/05)

The statewide Focus Area B leads wanted to add "public health nurses," "infectious disease epidemiologists," and "communicable disease controllers" to CDC's table because of the importance of these three types of public health workers in California. Unfortunately, the document had to be edited using Adobe Acrobat software, which does not allow any easy way of adding lines or cells to a table when no blank space is available on the page.

You are encouraged, however, to "write in" numbers for these and any other types of public health workers. You can fill in the cells of the following table, cut it out, and tape it onto the blank part of page 15. DHS would appreciate the data.

	Employed		Not employed, but agency has access to		
Type of personnel	Routine duty only	Routine and 24/7 emergency duty	Routine duty only	24/7 emergency duty only	Routine and 24/7 emergency duty
Public Health Nurses					
Infectious Disease Epidemiologists					
Communicable Disease Controllers					

Pages 16-19: For Focus Area C, From Whose Perspective (e.g., "my own LHD") Do I Answer the Questions? (2002/09/05)

If you are a LHD that does not operate a public health laboratory (i.e., that answers only Section I): Some questions (e.g., #33) may need to be answered with the assistance of the jurisdiction(s) that provide(s) your public health laboratory service or that serves as your LRN Level B laboratory (i.e., who tracks and is the source for contact information etc. for clinical level A laboratories within your jurisdiction).

<u>If your LHD operates a level A public health laboratory</u>, the responses for Sections I-III should address the practices/capabilities within your local jurisdiction only.

If your LHD operates a level B public health laboratory, the responses for Sections I and IV should address the practices/capabilities within the catchment area (if one has been assigned yet) as it exists at the time the questions are answered. We recognize that catchment areas will be adjusted in the near future and that change may affect how the question would be answered later.